AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

FEDERAL CANDIDATE

☐ STATE/LOCAL CANDIDATE

Station and Location:					7/9/2019
I, Buying	Time Medi	a, LLC			是共成制度。 (1)
being/on bel	nalf of: Tom	Steyer 2	020		
	lified candida				
in the Primelection to b		ection 20		ited States o	of America
Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
		AS	ORDERED		

I represent that the payment for the above described broadcast time has been furnished by:

Tom Steyer 2020 PO Bpx 626 San Francisco, CA 94104 808-499-4091

and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

Hunter Blas

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.

To Be Signed B	By Candidate or Authorized Co	ommittee
7/9/2019	Heinel	
Date	Signature	
/ To Be	Signed By Station Representative	
D Accepted	☐ Accepted in Part	☐ Rejected
Signature	Jennifer Dixon Printed Name	RSM/PSM Title

FEDERAL CANDIDATE CERTIFICATION

In Order For Federal Candidates To Receive The Lowest Unit Charge During A Political Window, The Following Certification Is Required:

Tom Steyer 2020 I,	
(name of federal candidate or authorized com programming to be broadcast (in whole or in p	
☐ does	☑ does not
refer to an opposing candidate (check appi programming that does refer to an opposing c	HONEN HONEN NOTE NOT
(check applicable box)	
☑ the radio programming contains a personal identifies the candidate, the office being sough the broadcast.	
the television programming contains a clean image of the candidate for a duration of at least displayed printed statement identifying the care broadcast, and that the candidate and/or the cathe broadcast.	st four seconds, and a simultaneously addidate, that the candidate approved the
Dooushinged by: Hunter Blas 	
signature of candidate or	authorized committee
Hunter Blas	7/9/2019
printed name	date